

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/674034** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		2			
4	/		/			
5	8		3			
6	8		3			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11	2		2			
12	1		1			
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	13	↓	17	↓		↓
TOTAL CLAIMS	14		18			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS